



TRANSMITTAL FORM

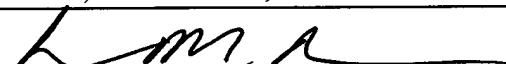
(to be used for all correspondence after initial filing)

		Application No.	10/046,026
		Filing Date	January 11, 2002
		First Named Inventor	Michael H. Cohen
		Art Unit	2655
		Examiner Name	Opsasnick, Michael N.
Total Number of Pages in This Submission	8	Attorney Docket Number	3932P006XX

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
	<div style="border: 1px solid black; padding: 5px; min-height: 40px;"> - Return Postcard - check in the amount of \$450.00 </div>	
<div style="border: 1px solid black; padding: 5px; height: 40px; margin-top: 10px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jordan M. Becker, Reg. No. 39,602 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP	
Signature		
Date	December 19, 2005	

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Harleen Bains		
Signature		Date	December 19, 2005



TFW ~~2685\$~~

**EE
FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 450.00)

Complete if Known	
Application Number	10/046,026
Filing Date	January 11, 2002
First Named Inventor	Michael H. Cohen
Examiner Name	Opsasnick, Michael N.
Art Unit	2655
Attorney Docket No.	3932P006XX

METHOD OF PAYMENT *(check all that apply)*

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Sub Claims	Fee below	Fee Paid
<input type="text"/>	$20^* =$ <input type="text"/> X	<input type="text"/>	$= \$0.00$
<input type="text"/>	$3^* =$ <input type="text"/> X	<input type="text"/>	$= \$0.00$
Multiple Dependent		<input type="text"/>	$=$ <input type="text"/>

Large Entity	Small Entity	
Fee Code	Fee Code	<u>Fee Description</u>
1202	2202	Claims in excess of 20
1201	2201	Independent claims in excess of 3
1203	2203	Multiple Dependent claim, if not paid
1204	2204	**Reissue independent claims over original patent
1205	2205	**Reissue claims in excess of 20 and over original patent

***or number previously paid, if greater. For Reissues, see below*

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051		2051		Surcharge - late filing fee or oath
1052		2052		Surcharge - late provisional filing fee or cover sheet.
2053		2053		Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,590	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))

Fee Paid
450.00

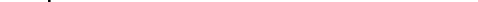
Other fee (specify)

SUBTOTAL (2)

| (\$)| 450.00

SUBMITTED BY

Complete (if applicable)

SUBMITTED BY		Name (Print/Type) Jordan M. Becker	Registration No. (Attorney/Agent) 39,602	Telephone (408) 720-8300
Signature				Date 12/19/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450